

Bloodborne Pathogens and Long-Term Care Workers



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Abstract Long-term health care workers face a variety of hazards in their work. These hazards can result in back injuries, slips and falls, "burnout," or the effects of shiftwork. Recently, the risks from exposure to bloodborne pathogens, such as human immunodeficiency (HIV) and hepatitis B (HBV) viruses, have become a concern. According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and related occupations could be potentially exposed to these viruses. Long-term health care workers provide services to patients in nursing homes, hospices, mental institutions and home-care settings, and they care for people with long-term illnesses, such as cancer and AIDS. Consequently, these workers perform daily tasks that expose them to blood and other potentially infectious materials--such as administering insulin or other injections, using equipment to suction patients' lungs to help them breathe, and changing linens or dressings soiled by bed sores or other open wounds. OSHA recognizes the need for a regulation to protect these workers against the health hazards of exposure to blood and other potentially infectious materials, including bloodborne pathogens, and to reduce their risk to this exposure.		
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Bloodborne Pathogens and Long-Term Care Workers



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**OSHA 3131
1992**

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Introduction

Long-term health care workers face a variety of hazards in their work. These hazards can result in back injuries, slips and falls, "burnout," or the effects of shiftwork.

Recently, the risks from exposure to bloodborne pathogens, such as human immunodeficiency (HIV) and hepatitis B (HBV) viruses, have become a concern. According to Occupational Safety and Health Administration (OSHA) estimates, more than 5.6 million workers in health care and related occupations could be potentially exposed to these viruses.*

Long-term health care workers provide services to patients in nursing homes, hospices, mental institutions and home-care settings, and they care for people with long-term illnesses, such as cancer and AIDS. Consequently, these workers perform daily tasks that expose them to blood and other potentially infectious materials--such as administering insulin or other injections, using equipment to suction patients' lungs to help them breathe, and changing linens or dressings soiled by bed sores or other open wounds.

OSHA recognizes the need for a regulation to protect these workers against the health hazards of exposure to blood and other potentially infectious materials, including bloodborne pathogens, and to reduce their risk to this exposure.

This booklet is designed to assist health care workers in long-term care settings to understand and to comply with OSHA's new regulation on bloodborne pathogens, published on December 6, 1991, in the *Federal Register* under *Title 29 Code of Federal Regulations*, Part 1910.1030, and effective March 6, 1992 (see Table 1 for compliance calendar.)

This booklet outlines and summarizes the requirements of the standard** and informs long-term health care workers of the risks of occupational exposure to bloodborne pathogens and how to reduce these risks.

*OSHA, Office of Regulatory Analysis, 1991.

**This booklet is not a substitute for requirements of the a standard. The complete bloodborne pathogens regulatory text and appendix with an explanatory preamble was published in the *Federal Register* 56(235):64004-64182 on December 6, 1991.

Table 1. Compliance Calendar

Effective Date of the Standard	3/6/92
Exposure Control Plan	5/5/92
Information and Training of Employee Hazard Communication	6/4/92
Recordkeeping	6/4/92
Engineering/Work Practices	7/6/92
Personal Protective Equipment	7/6/92
Hepatitis B Vaccination and Post-Exposure Follow up	7/6/92
Labels and Signs	7/6/92
Housekeeping	7/6/92
Other Provisions	7/6/92

Who is Covered?

The OSHA standard protects all employees who may reasonably anticipate being occupationally exposed to blood and other potentially infectious materials. Coverage includes, but is not limited to, employees such as registered nurses, nurse assistants, laundry workers, licensed practical nurses, housekeepers, physical therapists, and others who may be long-term health care workers.

Occupational exposure means a “reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee’s duties.”

Blood means human blood, blood products, or blood components. Other potentially infectious materials include human body fluids such as semen; vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; saliva in dental procedures; body fluid visibly contaminated with blood; unfixed tissues or organs; HIV-containing cell or tissue cultures; and HIV or HBV-containing culture medium or other solutions.

Federal OSHA authority extends to all private sector employers with one or more employees, as well as to civilian employees of the federal government. In addition, many states administer their own occupational safety and health programs through plans approved under section 18(b) of the OSH Act. These states must adopt standards and enforce requirements that are at least as effective as federal requirements. Of the current 25 state plan states, 23 cover the private and public (state and local governments) sectors and 2 cover the public sector* only(see Appendix B at the end of this booklet).

The bloodborne pathogens standard describes how to determine who is covered and the ways to reduce workplace exposure to bloodborne pathogens. The first step is a written exposure control plan.

*Public sector employees in non-state plan states have neither federal nor state coverage under the rule.

Exposure Control Plan

OSHA's bloodborne pathogens standard requires the employer to prepare a written exposure control program. The standard requires the employer's plan to identify workers performing routine tasks and procedures in the workplace that involve exposure to blood or other potentially infectious materials, develop a schedule of how and when the provisions of the standard will be implemented, and develop a plan of action to be taken when an exposure incident occurs.

The schedule of how and when the provisions of the standard will be implemented may be as simple as a calendar with brief notations describing the methods of compliance, an annotated copy of the standard, or a part of another document, such as the exposure control plan.

The plan must be reviewed, updated at least annually or whenever new tasks and procedures affect occupational exposure; be made accessible to employees (in accordance with *Title 29 Code of Federal Regulations*, Part 1910.20(e), *Access to Exposure and Medical Records*); and be made available to the Assistant Secretary for OSHA, and to the Director of the National Institute for Occupational Safety and Health (NIOSH) for examination and copying.

Planning begins with identifying employees who have occupational exposure.

Who Has Occupational Exposure?

The exposure determination must be based on the definition of occupational exposure **without regard to personal protective clothing and equipment**. The exposure determination is made by reviewing job classifications within the work environment, and then making a list divided into two groups. The first group includes job classifications in which **all** of the employees have occupational exposure, such as registered nurses, nurses aides, and laundry workers exposed to contaminated linen. Where all employees have occupational exposure, it is not necessary to list specific work tasks. The second group includes those classifications in which **some** of the employees have occupational exposure. Where only some employees have exposure, specific tasks and procedures causing exposure must be listed. An example of this type of exposure could include a physical therapist working with a patient who has visible open wounds.

Once occupationally exposed employees have been identified, the next step is to communicate the hazards of the exposure to these employees.

Communicating Hazards to Employees

Each occupationally exposed employee must be given free information and training; training must be provided during working hours.* The initial training for **current employees** must be scheduled within 90 days of the effective date of the standard. **New employees** must receive training at the time of their initial assignment. **All employees** must receive annual training within 1 year of previous training and additional training when existing tasks are modified or new tasks are assigned that involve occupational exposure to bloodborne pathogens.

Training sessions must be comprehensive, including information on bloodborne pathogens as well as on OSHA regulations and the employer's exposure control plan. The person conducting the training must be knowledgeable in the subject matter as it relates to long-term health care workers. The information provided must be written, appropriate in content and vocabulary to the educational level, literacy, and language of the audience, and contain the following elements

- How to access a copy of the regulatory text and an explanation of its contents;
- Information on the epidemiology and symptoms of bloodborne diseases;
- Ways in which bloodborne pathogens are transmitted;
- Explanation of the written exposure control plan and how to obtain a copy;
- Information on how to recognize tasks that might result in occupational exposure;
- Explanation of the use and limitation of safe work practices, engineering controls, and personal protective equipment;
- Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

*Employees who received training in the year preceding the effective date of the standard need only receive training pertaining to any provisions of the standard that were not included.

- information on hepatitis B vaccination such as safety, benefits, efficacy, methods of administration and availability;
- Information on who to contact and what to do in an emergency;
- information on how to report an exposure incident and on the post-exposure evaluation and followup;
- Information on warning labels, and color-coding.

Also, an opportunity for a question and answer period must be part of the session.

In addition to communicating hazards to employees and providing training to identify and control hazards, other preventive measures also must be taken to ensure employee protection.

Preventive Measures

Preventive measures such as hepatitis B vaccination, Universal Precautions, engineering controls, safe work practices, personal protective equipment, and housekeeping measures help reduce the risks of occupational exposure.

Hepatitis B Vaccination

Hepatitis B vaccination must be made available after initial training and within 10 working days of initial assignment to every employee who has occupational exposure. Following the appropriate training, hepatitis B vaccination must be made available without cost to the employee, provided at a reasonable time and place, and performed by or under the supervision of a licensed health care professional.*

The health care professional designated by the employer to implement this part of the standard must be provided with a copy of the bloodborne pathogens standard. The health care professional must provide written the employer with a written opinion stating whether a hepatitis B vaccination is indicated for the employee or whether the employee has received such vaccination.

Employers are not required to offer the hepatitis B vaccination if (1) the employee has previously received the complete hepatitis B vaccination series. (2) antibody testing

*A person, such as a physician or nurse practitioner, whose legal scope of practice allows them to perform the hepatitis B vaccination and post-exposure and followup required in the standard.

reveal that the employee is immune, or (3) medical reasons prevent the employee from taking the vaccination. Employees may decline antibody testing and still be vaccinated. Following appropriate training about hepatitis B and vaccination, employees who still decline the vaccination must sign a statement to that effect (see Appendix A). Employees who continue to be at occupational risk for hepatitis B may request and obtain the vaccination at a later date. The hepatitis B vaccination series must be administered according to the current guidelines of the U.S. Public Health Service, including recommendations made in the future for routine booster doses. (For current information on the U.S. Public Health Service's recommendations on hepatitis B vaccination, long term health care workers may call the Centers for Disease Control: DISEASE INFORMATION HOTLINE (404) 332-4555).

Universal Precautions

The single most important measure to control the transmission of HBV and HIV is to treat **all** human blood and other potentially infectious materials as if they were infectious for HIV and HBV. Application of this approach is referred to as "Universal Precautions." Blood and other infectious materials from all long-term care patients should be considered as potentially infectious materials. These fluids cause **contamination**, defined in the standard as, "the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface."

Methods of Control

Engineering and Work Practice Controls

Engineering and work practice controls are the primary methods used to control the transmission of HBV and HIV. Personal protective clothing and equipment also are necessary when occupational exposure to bloodborne pathogens remains even after instituting these controls.

Engineering controls reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Suction apparatus, self-sheathing needles, and special containers for contaminated sharp instruments are examples of engineering controls.

Engineering controls must be examined and maintained, or replaced, on a scheduled basis. Applicable engineering controls that apply to long-term health care workers include, but are not limited to, the following:

- Use puncture-resistant, leak-proof containers to collect, handle, process, store, transport, or ship blood specimens and potentially infectious materials. Label these specimens if shipped outside the facility. Labeling is not required when all specimens are handled using universal precautions and when specimens are kept within the facility.
- Use puncture-resistant, leak-proof containers, color coded red or labeled according to the standard (see Table 2) to discard contaminated items such as sharps, broken glass, scalpels, or other items that could cause a cut or puncture wound.
- Use puncture-resistant, leak-proof containers, color-coded red or labeled, to store contaminated reusable sharps until they are properly reprocessed.

Engineering controls are to be used in combination with work practice controls.

Proper **work practice controls** reduce the likelihood of exposure by altering the manner in which a task is performed. All procedures involving blood or other potentially infectious materials must be performed in a manner that will minimize spattering, splashing, spraying and the generation of droplets. Safe work practices include, but are not limited to, the following:

- Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas of occupational exposure;
- Do not mouth pipette or suction blood or other potentially infectious materials;
- Do not store food or drink in refrigerators or other locations where blood or potentially infectious materials are kept;
- Wash hands when gloves are removed and as soon as possible after skin contact with blood or other potentially infectious materials;
- Never recap, bend, or remove needles by hand unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. When recapping, bending, or removing contaminated needles is required by a medical procedure, this must be done

Table 2. Labeling Requirements

Item	No Label Needed if Universal precautions Are Used and Specific Use of Container or Item is Known to All Employees		Biohazard Label		Red Container
Regulated waste container (e.g., contaminated sharps containers)			X	or	X
Reusable contaminated sharps container (e.g., surgical instruments soaking in a tray)			X	or	X
Refrigerator/freezer holding blood or other potentially infectious material			X		
Containers used for storage, transport or shipping of blood			X	or	X
Blood/blood products for clinical use	No labels required				
Individual specimen containers of blood or other potentially infectious materials remaining in facility	X	or	X	or	X
Contaminated equipment needing service (e.g., dialysis equipment; suction apparatus)			X	plus a label specifying where the contamination exists	
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal			X	or	X
Contaminated laundry		or	X	or	X
Contaminated laundry sent to another facility that does not use Universal Precautions			X	or	X

*Alternative labeling or color coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

by mechanical means, such as the use of forceps or a one handed technique.

- Never shear or break contaminated needles.
- Discard contaminated needles and sharps instruments in containers that are closable, puncture-resistant, leakproof, colored red or labeled with the biohazard symbol* (see Figure 1); ensure that containers are accessible, maintained upright, and not allowed to overfill.



Figure 1. Biohazard Symbol

Personal Protective Equipment

In addition to instituting engineering and work practice controls, the standard requires that personal protective equipment also be, used to reduce worker risk of exposure.

The use of **personal protective equipment** helps prevent occupational exposure to infectious materials. Such equipment includes, but is not limited to, gloves, gowns, and laboratory coats. Personal protective equipment is considered appropriate only if it does not permit it blood or other potentially infectious materials pass through or to reach employees' work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective equipment will be used.

Under the standard, employers must provide, make accessible, and require the use of personal protective equipment at no cost to the employee. Personal protective

*Label requires a fluorescent orange or orange-red label with the biological hazard symbol, along with the word "BIOHAZARD" in a contrasting color, affixed to the bag or container.

equipment also must be provided in appropriate sizes. Hypoallergenic gloves, cotton liners, or other similar alternatives must be made available to employees who have an allergy or sensitivity to gloves. Employers also must ensure that protective equipment is properly cleaned, laundered, repaired or replaced, as needed, or discarded.

An employee may temporarily and briefly decline wearing personal protective equipment under rare and extraordinary circumstances and when, in the employee's professional judgement, it prevents the delivery of health care or public safety services or poses an increased hazard to employees. These circumstances would be expected to be life threatening. An example might be a sudden change in patient status when an apparently stable patient unexpectedly begins to hemorrhage profusely--placing the patient's life in immediate jeopardy. In general, appropriate personal protective equipment is expected to be used whenever occupational exposure may occur.

The employer also must ensure that employees observe the following precautions for safely handling and using personal protective equipment:

- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
- Wear appropriate gloves when it can be reasonably anticipated that the employee may experience contact with blood and other potentially infectious materials; when performing vascular access procedures, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or their barrier function is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. Utility gloves may be decontaminated for reuse if their integrity is not compromised.

In places where there are no hand washing facilities, workers must be provided with either appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels, or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used,

hands should be washed with soap and running water as soon as feasible.

Housekeeping

Under the standard, each place of employment must be kept clean and sanitary. To do this, the employer must develop and implement a cleaning schedule that includes appropriate methods of decontamination and tasks or procedures to be performed. This written schedule must be based on the location within the facility, the type of surfaces to be cleaned, the type of contamination present, the tasks or procedures to be performed, and their location within the facility.

Equipment. Contaminated equipment and environmental and work surfaces must be cleaned and decontaminated. Contaminated work surfaces must be decontaminated with an appropriate disinfectant upon completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning. Surfaces and equipment protected with materials such as plastic wrap or aluminum foil, must be inspected frequently for contamination; and these protective coverings must be changed when found to be contaminated, or at the end of the work shift.

Reusable receptacles such as bins, palls, and carts must be inspected and decontaminated on a regularly scheduled basis. Broken glass must be cleaned up with a brush and a dust pan or tongs; never pick up broken glass with hands, even when wearing gloves.

Waste. Waste removed from the facility is regulated by federal, state, and local laws. To comply with the bloodborne pathogens standard, special precautions are necessary when discarding contaminated sharps and other regulated waste, and include the following:

- Put regulated waste' in containers that are closeable, leakproof, puncture resistant, and appropriately labeled (see Table 2).

*Liquid or semiliquid blood or other potentially infectious materials; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- When discarding contaminated, disposable sharps and other regulated waste place them in closable, puncture-resistant, leak-proof, appropriately labeled red color-coded containers.
- Dispose of all regulated waste according to federal, state, and local regulations.

Laundry. Laundering contaminated articles, including employee lab coats and uniforms that are used to protect the employee from occupational exposures, is the responsibility of the employer. This can be accomplished through the use of a washer and dryer on site, or the contaminated articles can be sent to a commercial laundry that processes contaminated laundry. The following requirements should be met with respect to contaminated laundry:

- Handle contaminated laundry as little as possible and with a minimum of agitation.
- Wear gloves or other appropriate personal protective equipment when handling contaminated laundry.
- Never sort or rinse contaminated laundry in areas of its use.
- Bag contaminated laundry at its location of use.
- If contaminated laundry is sent off-site for cleaning, place it in bags or containers that are clearly marked with the biohazard symbol, unless the laundry utilizes "Universal Precautions" in the handling of all soiled laundry.*
- Place wet contaminated laundry in leak-proof, labeled or color coded containers before transporting.

As already indicated, the above preventive measures are intended to eliminate or minimize the risks of occupational exposure. In the event exposure occurs, however, certain procedures are required.

*Alternative labeling or color coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions (1910.1030(d)(4)(iii)(B)(iv)(A)(2)).

What to Do if an Exposure Incident Occurs

An exposure incident is a specific eye, mouth, membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. An example of an exposure incident would include a puncture from a contaminated sharp or other instrument. The employer is responsible for establishing the procedure for evaluating exposure incidents.

When evaluating an exposure incident, immediate assessment and confidentiality are critical issues. Employees should immediately report exposure incidents to enable timely medical evaluation and followup by a health care professional as well as to make a prompt request for testing of the source individual's blood for HIV and HBV.

All evaluations and followup must be made available immediately for employees who experience an exposure incident. All evaluations and followup must be made available at no cost to the employee and at a reasonable time and place, performed by or under the supervision of a licensed physician or another appropriately licensed health care professional, such as a nurse practitioner, and according to current recommendations of the U.S. Public Health Service guidelines current at the time of the evaluation and procedure. In addition, all laboratory tests must be conducted by an accredited laboratory and at no cost to the employee.

At the time of an exposure incident, exposed employee must be directed to a health care professional. The employer must provide the health care professional with a copy of OSHA's bloodborne pathogens standard; a description of the employee's Job duties relevant to the exposure incident; documentation about the specific exposure, circumstances of exposure and results of the source individual's blood tests, if available; and all relevant employee medical records, including vaccination status. At that time, the health care professional must collect the exposed employee's blood and test it for HBV and HIV serological status. If the employee does not give consent for HIV serological testing for baseline testing, the employee's blood sample must be kept for at least 90 days.*

The "source individual" is any patient whose blood or body fluids are the source of an exposure incident to the employee.

*If during this time, the employee elects to have the baseline sample tested, testing shall be performed as soon as feasible.

Testing the source individual's blood does not need to be repeated if the source individual is known to be infectious for HIV or HBV.* The results of the source individual's blood tests are confidential. As soon as possible, however, the test results of the source individual's blood must be made available to the exposed employee as well as information about applicable disclosure laws and regulations concerning the source identity and infectious status.

Following post-exposure evaluation, the health care professional will provide a written opinion to the employer. This opinion is limited to a statement that the employee has been informed of the results of the medical evaluation and any medical conditions resulting from the exposure incident that may require further treatment. All other findings are confidential and must not be included in the written report. The employer must provide a copy of the written opinion to the employee within 15 days of the completion of the evaluation.

Recordkeeping

There are two types of records required by the bloodborne pathogens standard: medical and training.

A medical record must be preserved and maintained for each employee with occupational exposure. This record is confidential and separate from other personnel records. This record may be kept onsite or may be retained by the health care professional who provides services to employees. The medical record must contain the employee's name and social security number, hepatitis B vaccination status including the dates of vaccination and medical records related to the employee's ability to receive vaccinations, results of examination, medical testing, and post-exposure evaluation and followup procedures, and the health care professional's written opinion regarding the vaccination. The medical record also must document what information has been provided to the health care provider.

If an exposure incident occurs, reports are added to the medical record to document the incident the results of testing following the incident, and the written opinion of the health care professional.

Medical records must be maintained for at least the duration of employment plus 30 years.

*Testing cannot be done in most states without written consent. If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.

Training records document each training session and are to be kept for 3 years. Training records must include the dates, content of the training, trainer's name and qualifications, and names and job titles of all persons attending the training sessions.

If the employer ceases to do business, medical and training records must be transferred to the successor employer. If there is no successor employer, the employer must notify the Director of the National Institute for Occupational Safety and Health (NIOSH), for specific directions regarding the records at least 3 months prior to intended disposal.

Upon request, both medical and training records must be made available to the Director of NIOSH and to the Assistant Secretary of Labor for Occupational Safety and Health. If the employer ceases to do business, medical and training must be made available to the Director of NIOSH and to the Assistant Secretary of Labor for Occupational Safety and Health. Training records must be made available to employees or employee representatives upon request. An employee's medical records can **only** be obtained by the employee or anyone having the employee's written consent. (For further information about employee access to medical and exposure records, see *Title 29 Code of Federal Regulations 1910.10(3) Access to Employee Exposure and Medical Records*). Additional recordkeeping is required for employers with 11 or more employees (see *Title 29 Code of Federal Regulations 1904 Recordkeeping Guidelines for Occupational Injuries and Illnesses*).

Other Sources of Assistance

Consultation Programs

Consultation assistance is available to employers who want help in establishing and maintaining a safe and healthful workplace. Largely funded by OSHA, the service is provided at no cost to the employer. Primarily developed for smaller employers with more hazardous operations, the consultation service is delivered by state government agencies or universities employing professional safety consultants and health consultants. Comprehensive assistance includes an appraisal of all mechanical, physical work practice, and environmental hazards of the workplace and all aspects of the employer's present job safety and health program. No penalties are proposed or citations issued for hazards identified by the consultant.

For more information concerning consultation assistance, see the list of consultation projects listed at the end of this publication (Appendix B).

Voluntary Protection Programs

Voluntary protection programs (VPP) and on-site consultation services, when coupled with an effective enforcement program, expand worker protection to help meet the goals of the Occupational Safety and Health Act. The three VPPs – Star, Merit, and Demonstration – are designed to recognize outstanding achievement by companies that have successfully incorporated comprehensive safety and health programs into their total management system. They motivate others to achieve excellent safety and health results in the same outstanding way and they establish a cooperative relationship among employees, and OSHA.

For additional information on VPPs and how to apply, contact the OSHA national, regional, or area offices listed at the end of this publication (Appendix B).

Training and Education

OSHA's area offices offer a variety of informational services, such as publications, audiovisual aids, technical advice, and speakers for special engagements. Each regional office has a bloodborne pathogens coordinator to assist employers.

OSHA's Training Institute in Des Plaines, IL, provides basic and advanced courses in safety and health for federal and state compliance officers, state consultants, federal agency personnel, and private sector employers, employees, and their representatives.

OSHA also provides funds to nonprofit organizations. through grants, to conduct workplace training and education in subjects where OSHA believes there is a lack of workplace training. Current grant subjects include agricultural safety and health, hazard communication programs, and HIV and HRV Grants are awarded annually, with a 1-year renewal possible. Grant recipients are expected to contribute 20 percent of the total grant cost.

For more information on grants, and training and education, contact the OSHA Training Institute, Office of Training and Education, 1555 Times Drive, Des Plaines, IL 60018, (708) 297-4810.

Appendix A

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive vaccination series at no charge to me.

Employee Signature

Date

Appendix B

OSHA Consultation Project Directory

Consultation programs provide free services to employers who request help in identifying and correcting specific hazards, want to improve their safety and health programs, and/or need further assistance in training and education. Funded by OSHA and delivered by well-trained professional staff of state governments, consultation services are comprehensive, and include an appraisal of all workplace hazards, practices, and job safety and health programs; conferences and agreements with management; assistance in implementing recommendations; and a followup appraisal to ensure that any required corrections are made. For more information on consultation programs, contact the appropriate office in your state listed below

State.....	Telephone
Alabama	(205) 348-3033
Alaska	(907) 264-2599
Arizona	(602) 255-5795
Arkansas	(501) 682-4522
California	(415) 737-2843
Colorado	(303) 491-6151
Connecticut	(203) 566-4550
Delaware	(302) 577-3908
District of Columbia	(202) 576-6339
Florida	(904) 488-3044
Georgia	(404) 894-8274
Guam	(671) 646-9244
Hawaii	(808) 548-4155
Idaho	(208) 385-3283
Illinois	(312) 814-2339
Indiana	(317) 232-2688
Iowa	(515) 281-5352
Kansas	(913) 296-4386
Kentucky	(502) 564-6895
Louisiana	(504) 342-9601
Maine	(207) 289-6460
Maryland	(301) 333-4218
Massachusetts	(617) 727-3463
Michigan	(517) 335-8250 (H)
.....	(517) 322-1809 (S)
Minnesota	(612) 297-2393

Mississippi	(601) 987-3981
Missouri	(314) 751-3403
Montana	(406) 444-6401
Nebraska	(402) 471-4717
Nevada	(702) 688-1474
New Hampshire	(603) 271-3170
New Jersey	(609) 292-0404
New Mexico	(505) 827-2885
New York	(518) 457-2481
North Carolina	(919) 733-3949
North Dakota	(701) 221-5188
Ohio	(614) 644-2631
Oklahoma	(405) 528-1500
Oregon	(503) 378-3272
Pennsylvania	(412) 357-2561
Puerto Rico	(809) 754-2171
Rhode Island	(401) 277-2438
South Carolina	(803) 734-9599
South Dakota	(605) 688-4101
Tennessee	(615) 741-7036
Texas	(512) 440-3834
Utah	(801) 530-6868
Vermont	(802) 828-2765
Virginia	(804) 786-6613
Virgin Islands	(809) 772-1315
Washington	(206) 586-0963
West Virginia	(304) 348-7890
Wisconsin	(608) 266-8579 (H)
.....	(414) 521-5063 (S)
Wyoming	(307) 777-7786

H—Health S—Safety

States with Approved Plans

States administering their own occupational safety and health programs through plans approved under section 18(b) of the Occupational Safety and Health Act of 1970 must adopt standards and enforce requirements that are at least as effective as federal requirements.

There are currently 25 state plan states: 23 cover the private and public (state and local government) sectors and 2 cover the public sector only.

Commissioner

Alaska Department of Labor
P.O. Box 21149
Juneau AK 99801
(907) 465-2700

Director

Industrial Commission of Arizona
800 W. Washington
Phoenix, AZ 85007
(602) 542-5795

Director

California Department
of Industrial Relations
455 Golden Gate Avenue
4th Floor
S. San Francisco, CA 94102
(415) 703-4590

Commissioner

Connecticut Department of Labor
200 Folly Brook Boulevard
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(203) 566-5123

Director

Hawaii Department of Labor and
Industrial Relations
830 Punchbowl Street
Honolulu, HI 96813
(808) 586-8844

Commissioner

Indiana Department of Labor
1013 State Office Building
100 North Senate Avenue
Indianapolis, IN 46204-2287
(307) 232-2665

Commissioner

Iowa Division of Labor Services
1000 E. Grand Avenue
Des Moines, IA 50319
(515) 281-3447

Acting Commissioner

for Workplace Standards
Kentucky Labor Cabinet
1049 U.S. Highway, 127 South
Frankfort, KY 40601
(502) 564-3070

Commissioner

Maryland Division of Labor
and industry
Department of Licensing
and Regulation
501 St. Paul Place, 2nd Floor
Baltimore, MD 21202-2272
(301) 333-4179

Director

Michigan Department of Labor
Victor Office Center
201 N. Washington Square
P.O. Box 30015
Lansing, MI 48933
(517) 373-9600

Director

Michigan Department
of Public Health
3423 North Logan Street
Box 30195
Lansing, MI 48909
(517) 335-8022

Commissioner

Minnesota Department
of Labor and Industry
443 Lafayette Road
St. Paul, MN 55155
(612) 296-2342

Director

Division of Industrial
Relations
400 West King Street
Carson City, NV 89710
(702) 687-3032

Secretary

New Mexico Environmental
Department
Occupational Health
and Safety Bureau
1190 St. Francis Drive
P.O. Box 26110
Santa Fe, NM 87502
(505) 827-7850

Commissioner

New York Department
of Labor
State Office Building –
Campus 12
Room 457
Albany, NY 12240
(518) 457-2741

Commissioner

North Carolina
Department of Labor
319 Chapanoke Road
Raleigh, NC 27603
(919) 662-4585

Administrator

Oregon Occupational Safety
and Health Division
Department of Consumer
and Business Services,
Room 430
Labor and Industries Building
350 Winter Street, NE
Salem, OR 97310
(503) 378-272

Secretary

Puerto Rico Department
of Labor and Human Resources
Prudencio Rivera Martinez.
Building
505 Munoz Rivera A-venue
Hato Rey, PR 00918
(809) 754-2119

Commissioner

South Carolina Department
of Labor
3600 Forest Drive
P.O. Box 11329
Columbia, SC 29211-1329
(803) 734-9594

Commissioner

Tennessee Department of Labor
501 Union Building
Suite "A"- 2nd Floor
Nashville, TN 37243-0655
(517) 741-2582

Administrator

Utah Occupational
Safety and Health
160 East 300 South, 3rd Floor
P.O. Box 5800
Salt Lake City, UT 84114-6600
(801) 530-6900

Commissioner

Vermont Department of
Labor and Industry
120 State Street
Montpelier, VT 05620
(802) 828-2788

Commissioner

Virgin Islands
Department of Labor
2131 Hospital Street,
Box 890
Christiansted
St. Croix, VI 00840-4666
(809) 773-1994

Commissioner

Virginia Department of
Labor and Industry
Powers-Taylor Building
13 South 13th Street
Richmond, VA 23219
(804) 786-9873

Director

Washington Department of
Labor and Industries
General Administration Building
Room 334-AX-31
Olympia, WA 98504-0631
(206) 753-6307

Director

Department of Employment
Division of Employment Affairs
Occupational Safety and
Health Administration
Herschler Building, 2nd Floor East
122 West 25th Street
Cheyenne, WY 82002
(307) 777-7786 or 777-7787

Related Publications

A single free copy of the following materials may be obtained from OSHA field offices or the OSHA Publications Office, 200 Constitution Avenue, N.W., Room N-3101, Washington, DC 20210, (202) 523-9667. Send a self-addressed label with your written request.

Access to Medical and Exposure Records—OSHA 3110

All About OSHA—OSHA 2056

Bloodborne Pathogens and Acute Health Care Workers—OSHA 3128

Bloodborne Pathogens and Dental Workers—OSHA 3129

Bloodborne Pathogens and Emergency Responders—OSHA 3130

Bloodborne Pathogens and Long-Term Care Workers—OSHA 3131

Chemical Hazard Communication—OSHA 3084

Consultation Services for Workplace Emergencies—OSHA 3047

Employee Workplace Rights—OSHA 3021

How to Prepare for Workplace Emergencies—OSHA 3000

Occupational Exposure to Bloodborne Pathogens—OSHA 3127

Personal Protective Equipment—OSHA 3077

Also, copies of the following OSHA materials may be obtained from the U.S. Government Printing Office (GPO), Washington, DC 20402, (202) 783-3238

When ordering publications from the Government Printing Office, include GPO order numbers and make checks payable to the Superintendent of Documents. GPO gives a 25-percent discount for orders of 100 or more copies. Credit card charge (MasterCard and Visa) is accepted.

All prices subject to change by GPO.

Chemical Hazard Communication Guidelines (OSHA 3111)

Order No. 029-16-00127-1. Cost: \$1.00

Ergonomics: The Study of Work (OSHA 3125)

Order No. 029-016-00124-7. Cost: \$1.00

Occupational Exposure to Bloodborne Pathogens,

Federal Register 56 (235): 64004-64182, December 6, 1991

Order No. 069-001-00040-8. Cost: \$2.00

U.S. Department of Labor

Occupational Safety and Health Administration

Regional Offices

Region I
(CT,* MA, ME, NH, RI, VT*)
133 Portland Street
1st Floor
Boston, MA 02114
Telephone: (617) 565-7164

Region II
(NJ, NY, * PR,* VI*)
201 Varick Street
Room 670
New York, 10014
Telephone: (212) 337-2378

Region III
(DC, DE,MD,* PA, VA,* WV)
Gateway Building, Suite 2100
3535 Market Street
Philadelphia, PA 19104
Telephone:(215) 596-1201

Region IV
(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
1375 Peachtree Street, N.E.
Suite 587
Atlanta, GA 30367
Telephone: (404) 347-3573

Region V
(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street
Room 3244
Chicago, IL 60604
Telephone: (312) 353-2220

Region VI
(AR, LA, NM,*OK, TX)
525 Griffin Street
Room 602
Dallas, TX 75202
Telephone: (214) 767-4731

Region VII
(IA,* KS, MO, NE)
911 Walnut Street, Room 406
Kansas City, MO 64105
Telephone: (816) 426-5861

Region VIII
(CO, MT, ND, SD, UT,* WY*)
Federal Building, Room 1576
1961 Stout Street
Denver, CO 80294
Telephone: (303) 844-3061

Region IX
American Samoa, AZ,* CA,* Guam, HI,* NV,* Trust Territories of the Pacific)
71 Stevenson Street,
Room 415
San Francisco, CA 94105
Atlanta, GA 30367
Telephone: (415) 744-6670

Region X
(AK,* ID, OR,* WA*)
1111 Third Avenue
Suite 715
Seattle, WA 98101-3212
Telephone: (206) 553-5930

* These states and territories operate their own OSHA-approved job safety and health programs (Connecticut and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as the federal standard.